

Using Matrix with Women Clients

*A Supplement to the
Matrix Intensive Outpatient
Treatment for People with
Stimulant Use Disorders*



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for People with
Stimulant Use Disorders**

**U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services
Center for Substance Abuse Treatment**

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Originating Office

Division of Services Improvement, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

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**“Often people attempt to live their lives backwards:
they try to have more things, or more money,
in order to do more of what they want so they will be happier.
The way it actually works is the reverse.
You must first be who you really are, then, do what you need
to do, in order to have what you want.”**

– Margaret Young

FOREWORD

The Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders, Counselor's Treatment Manual, originally published in 1995 by the Matrix Center and reproduced by SAMHSA in 2006, has been used by thousands of addiction treatment counselors. The Matrix treatment model grew from a need for structured, evidence-based treatment for clients who abuse or are dependent on stimulant drugs, particularly methamphetamine and cocaine.

The program model has been well received by the addiction treatment field, and the demand for the Matrix program materials has been very high. At the same time, as the field became more experienced with the use of the program materials, a need was identified for tailoring of program materials to certain special populations. In 2005, an adaptation to the Matrix materials was developed for Native American/American Indian persons. In 2006, an additional adaptation was prepared for men who have sex with men. These adaptations address unique concerns and needs of these populations and enhance the appeal of the Matrix program for these audiences.

The development of *Using Matrix with Women Clients: A Supplement to the Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders* continues efforts to tailor the Matrix program materials to a distinct audience. Much has been learned over the past decade about the unique substance abuse treatment needs and concerns of women. This knowledge has been applied to the women's supplement. It covers the importance of relationships in women's recovery; issues of trauma, abuse, and violence; sexuality and sex for money; body image and weight control; parenting and pregnancy; and family roles. Given the relatively high proportion of women seeking treatment for stimulant dependence, this adaptation is very timely.

During the field test of this new material, women commented on their experiences with the added sessions. Some of the comments were as follows: "Thank you for creating a safe space for women. It has made a radical difference in my recovery." "I liked finding strength-based solutions to my challenges in recovery. Thank you. It's so awesome and empowering." "My first session was today and it was so liberating and empowering! I got to talk about things I never would have in front of men in the *regular* ER group." These comments are reflective of other women-only group experiences for women participating in treatment and speak to the importance for addressing women's unique concerns in the safety and comfort of a women-only group.

It is our hope that the creation of this supplement provides treatment providers with additional resources for meeting the treatment needs of women in their road to recovery.

Pamela S. Hyde, J.D.
Administrator

INTRODUCTION

Why have a specific track for women in an outpatient program?

We know from research that, for most substances, fewer women enter treatment than men. However, the literature indicates that people entering treatment for stimulant use disorders are almost 1:1 male to female (Brecht et al. 2004; Freese et al. 2000). This is the first time we have seen the number of women entering treatment equal to the number of men for any particular substance. We also know that women in treatment have to deal with many issues that men do not have. These facts make it imperative that the Matrix Model of Outpatient Treatment be supplemented and edited to make it particularly helpful and useful for clients who are female.

Our challenge is to make treatment more responsive, accessible, and relevant to women, so that more of them will enter programs and will successfully complete those programs. “Using Matrix with Women Clients” was developed with this goal in mind.

What issues need to be addressed to make treatment for women more responsive, accessible and relevant?

Treatment needs to deal with issues that are important to women. Of critical importance to most women are their relationships. Group time needs to include opportunities for the women to talk about their primary relationships and responsibilities and how problems in these areas affect their drug use and their recovery.

Women are more vulnerable to addiction disorders than are men. They become addicted more rapidly when they begin using. In addition, those who do enter treatment are more severely addicted and have more medical, psychiatric, and adverse social consequences from the substance use disorder (SUD) than do men. Therefore, the treatment for women needs to address psychological and physiological issues, as well as the substance use issues. It is important to screen women entering treatment for co-occurring disorders and provide access to medical and mental health services.

Women have very practical reasons for not entering or staying in substance abuse programs. Women with children are frequently concerned that their families will be harmed or threatened if they are open about their substance use. They are often in situations where domestic violence is an issue. Many of them fear for their own safety and for possible parental rights issues if they seek help. In addition, transportation is often a problem, as well as finding funds to pay for services. These very real problems are often the primary reasons women do not enter or remain in treatment programs.

Programs treating women need to help their clients problem-solve these issues and be aware of the impact of these types of problems on women's ability to enter and remain in treatment.

Where did the idea of supplementing the Matrix Model begin?

The impetus for this supplemental manual for women grew out of a national conference, "Methamphetamine: The National Summit to Promote Public Health, Partnerships and Safety for Critically Affected Populations" convened by the Substance Abuse and Mental Health Services Administration in November of 2008. Women were one of the "critically affected populations," and the Matrix Outpatient program was identified as an evidence-based practice that is effective with methamphetamine users.

Why supplement this particular set of materials?

The Matrix materials are very appropriate for women in that they have a strength-based focus. That is, they are oriented to making the most of people's positive personality traits, abilities, knowledge, cultural values, and other assets. This focus is one that has proven especially useful when working with women in recovery from substance use. The goal of this supplement is to build on the basic Matrix outpatient interventions and extend them for women in groups that are designed to specifically address the most important issues that women in recovery face once the substance use ceases. Dealing with these issues in groups consisting only of women will, hopefully, build a female support system for the clients as well as address the relevant material. The effectiveness of the Matrix IOP approach has been evaluated numerous times since it was developed. One of the evaluation trials was the largest randomized clinical trial of treatments for methamphetamine (MA) dependence ever conducted.¹ The trial had eight sites, several of which served only women. It became clear during the trial that in order to retain women in treatment, the treatment had to be made relevant to the female clients who needed more gender-specific interventions. Lessons learned during the clinical trial have helped in the preparation of this supplement for women.

¹ Rawson, R.A., P. Marinelli-Casey, M.D. Anglin, A. Dickow, Y. Frazier, C. Gallagher, G.P. Galloway, J. Herrell, A. Huber, M.J. McCann, J. Obert, S. Pennell, C. Reiber, D. Vandersloot, J. Zweben, and The Methamphetamine Treatment Project Corporate Authors. 2004. A Multi-Site Comparison of Psychosocial Approaches for the Treatment of Methamphetamine Dependence. *Addiction*, 99, 708-717.

COMPONENT DESCRIPTION

Structure of Program

This supplement is designed to fit within the structure of a standard Matrix IOP program. Women beginning the program get the same Early Recovery (ER) and Relapse Prevention (RP) materials outlined in the Matrix IOP manual. Once the women finish the ER groups, they move to women-only groups one night each week. Having learned the skills they need to stop using substances, and while continuing in the mixed gender RP groups, the women will have their own group, with gender specific topics and material that is relevant and essential for women who are learning to live without drugs and alcohol. The Matrix Intensive Outpatient Treatment Program with the Women's Supplement is illustrated in Table 1 (although the actual days may be different).

Table 1. Sample Matrix IOP Schedule

					CONTINUING CARE
	Weeks 1 -4	Weeks 5 - 12	Weeks 13-16	Weeks 17 - 36	
Monday	6:00–6:50 p.m. Early Recovery Skills 7:00 –8:30 p.m. Relapse Prevention	6:00–6:50 p.m Women’s Group 7:00–8:30 p.m. Relapse Prevention	6:00–6:50 p.m Women’s Group 7:00–8:30 p.m. Relapse Prevention		
Tuesday	12-Step/mutual-help group meetings				
Wednesday	7:00–8:30 p.m. Family Education	7:00–8:30 p.m. Family Education	7:00–8:30 p.m. Social Support (Women’s = optional)	7:00–8:30 p.m. Social Support (Women’s = opt)	
Thursday	12-Step/mutual-help group meetings				
Friday	6:00–6:50 p.m. Early Recovery Skills 7:00 –8:30 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention	7:00–8:30 p.m. Relapse Prevention		
Saturday and Sunday	12-Step/mutual-help group meetings and other recovery activities				
1 Individual/Conjoint session at week 1					
2 Individual/Conjoint sessions at week 5 or 6 and at week 16					

Philosophy of Women-only Groups

The material in the original Matrix Model of Intensive Outpatient Treatment is appropriate but not sufficient to meet the needs of women presenting for treatment. In order to remain in treatment, women need to feel that the program is meeting their specific needs and addressing the unique problems they face. The Early Recovery and Relapse Prevention materials are important and necessary for women to learn during treatment, but their issues go beyond these fundamentals. Present and past relationship and personal issues need to be addressed so that women feel the treatment is relevant for them. This will help them build and sustain a strong recovery and new life.

A good women's program will provide information and support that will sustain the participants throughout the process and beyond. This manual is designed to help programs provide this kind of service to women while minimizing the financial and administrative issues that can sometimes occur when new programming is added. The schedule can easily be accommodated within any Matrix Model Intensive Outpatient program.

The topics for the women-only groups are contained in this manual. Despite the prescribed focus for each of the groups, the leader needs to pay special attention to the need to address important issues as they arise for the group participants. The women's group therapist needs to watch for indications of psychiatric and/or physical distress being experienced by group members. Ensuring the women get treatment for co-morbid issues is essential. The topics cover family and parenting issues, victimization, and gender-specific barriers to treatment, but there will be times when group members will need to discuss a topic that is not scheduled for that session. The skilled therapist will be able to empathically deal with the issue at hand while still leaving time to cover the planned topic.

Style of Delivery

It is recommended that programs delivering the Matrix Model ensure that their therapists are formally trained in how to deliver this treatment, using a motivational interviewing style. That is, they attempt to stay nonjudgmental in tone and choice of words; they are accepting of the fact that clients are ambivalent about recovery and making healthy changes; they start their work with clients from where the client is – not from where they think they should be; they guide their clients rather than lead them; and they celebrate small steps toward the overall goal of becoming drug and alcohol free. Therapists are trained to interact with clients in a non-confrontational style and to think about resistance as an early stage of readiness for treatment rather than a barrier to recovery that needs to be broken down. Formal training in motivational interviewing and delivering the Matrix Model helps the clinician understand, develop, and use this style consistently. This is particularly important in getting women into treatment and retaining them. The group needs to be a safe place with a warm and understanding clinician who can attend all groups and is able to communicate empathy and caring to the group members.

Session Guidelines

It is recommended that the women-only groups be offered in continuation of the Early Recovery (ER) Groups. Attending the ER groups will help participants establish a routine for coming to the clinic at the same day and time. In order to maximize the possibility that participants will come to the women's groups, it is recommended that the place for the group remain unchanged. However, the women's groups will meet once weekly, in contrast to the twice-weekly ER groups.

There may be a change in therapists, with another person assigned to run the women-only groups. A new therapist should meet and become acquainted with each new group member before the member's first group. The first group will occur on the week following the last ER group that the client attends. An introductory session with the women's therapist will further ensure the likelihood that the client will make the transition and attend the new group of women. While different schedules and staffing will necessitate different patterns for running these groups, the issue of making the group as accessible and friendly as possible needs to be a priority.

The groups will run for 60 minutes and should ideally have no more than 12 members. Therapist guidelines for each specific group are included in this manual. The guidelines contain goals for each session as well as instructions for delivering the specific topic for that group.* Sessions are numbered beginning with Session 9, directly following Sessions 1-8 of the ER groups.

Inviting group members to read the topics and making sure each person has the time and opportunity to speak to the topic are basic principles to be followed for every group. The Counselor's Manual for the Matrix Model of Intensive Outpatient Treatment for People with Stimulant Use Disorders has specific instructions for running the Matrix groups which should be reviewed by counselors planning to run the women-only groups. The counselor should make copies of the Appendix, "Matrix Women's Group Client Handouts," and give one set to each client at the client's first women-only group.

**Please make sure you read the Summary for the specific session you will be covering (below) before you go into a group. Also review the Instructions for each session, paying particular attention to the homework assignment that you need to give to set up the following session.*

Table 2. Women's Sessions Overview

No.	Topic	Content	Page
9	Importance of Relationships: How Healthy are My Relationships?	Women have a strong orientation to and reliance on relationships of all kinds. Clients learn how to identify a healthy relationship; be aware of the connection between their relationships and their substance use; and determine the initial steps to forming positive relationships in their lives.	13
10	Trauma, Abuse and Violence: Feeling Overwhelmed	Many women in treatment for substance use issues have also experienced emotional, physical, and/or sexual abuse. A handout contains a checklist to help the group members begin to identify those issues if they have them. Clients also identify coping strategies to use in lieu of substances when the issues arise. It is strongly recommended that you reschedule this topic if you have group members who are in their first week of treatment.	17
11	Love and Serenity: Creating Serenity— Loving and Valuing Yourself	Clients discuss how they can and need to become their own best friends. They develop a “Gratitude List” of the things they have for which they can be grateful. A guest speaker who is in recovery and who has an attitude of serenity and gratefulness serves as an inspiration to the group members and reminds them that they too can create lives that are actually better than what they had before the addiction.	21
12	Women’s Needs and Gifts: Checklist for a Successful Recovery	Women in treatment must have some very basic needs met before they will be able to think about higher level needs. A checklist handout provides the group leader with an idea of each member’s progress in getting her basic needs met. Clients review their gifts and discuss how they can maximize them.	23
13	Emotions: What Else Is Going On?	Women often experience hormonal swings, and managing emotions is not always easy, especially during substance abuse and/or recovery. Clients identify the emotions that are easier and more difficult to manage and think about the connection of emotional volatility to recovery. Clients learn about help available to people with mental health disorders if applicable.	25
14	Women’s Sexuality and Sex for Money and/or Methamphetamine: Who I Am vs. What I Have Done	The use of methamphetamine and acting out sexually are closely intertwined. It is not unusual for women to engage in behaviors while using drugs for which they are later very embarrassed and ashamed. Clients can safely discuss some of those actions and learn that those activities are not unusual when people are using methamphetamine. Clients learn about healthy sexual activities, keeping themselves safe, and the difference between feeling guilty and being ashamed.	27
15	Children, Parenting, and Child Safety— My Gift to My Children: Being the Best Parent I Can Be	Clients receive support in the struggle to be a good parent and learn parenting skills. Group members who are not parents will likely empathize with those who are and will contribute to the discussion about good parenting. Group members learn about the potential harmful effects of using drugs in the home and especially of manufacturing methamphetamine where children live—critical issues to emphasize.	31

No.	Topic	Content	Page
16	Body Image and Weight Loss— My Body and Me	For many women, and especially for methamphetamine users, the concept of being thin can be very problematic. Group members will examine how they feel about their bodies and whether they have developed unhealthy eating disorders. Clients discuss ways to improve both their body image and their eating habits.	35
17	Caregiver Roles (Children, Grandchildren, and Parents)— Meet the People Who Need Me	When substance use disorders occur, it becomes difficult for women to meet care giving obligations. Once recovery starts, feelings of guilt about neglected responsibilities come flooding back. Group members can talk about the people they care about and who care about them. Feelings of guilt can be normalized and clients can begin to move forward in establishing (or re-establishing) themselves as responsible caregivers and family members.	37
18	Pregnancy, Menstruation, and Meth Use	Clients think about how they view themselves and their sexuality. The handout guides a discussion of how and where they learned about sex and menstruation and how the attitudes they developed might have affected them as they struggled with their substance use disorder. Group members move toward an improved image of their sexual selves. It also includes a discussion of pregnancy and the issues that are important to women when they are thinking about becoming or are pregnant.	39

SESSION INSTRUCTIONS

Session 9: The Importance of Relationships

HOW HEALTHY ARE MY RELATIONSHIPS?

Goals of Session

Help the clients distinguish between healthy and unhealthy relationships.

Help the clients see how they might have used substances to help a relationship and how it may have changed things.

Help the clients define what they want in a relationship and explore ways to achieve it.

Handouts

CAL 2 – Calendar/Marking Progress

ER 9 – How Healthy Are My Relationships

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. Ask what one new thing each client learned from Session 18 and who they chose to share it with, as assigned in the homework.

Topics for Group Discussion (35 minutes)

1. Discuss the importance of relationships and which of their relationships have been good or not so good.

Many women have forgotten the importance of their supportive relationships while they have been using. They have disregarded those who have wanted to provide support and have turned to more destructive relationships instead. Now in recovery, clients are beginning to realize again how important it can be to turn to others for friendship and/or help. A first step in beginning to do this is to start looking at which people are in their lives and how helpful their presence is.

Go over the first two questions in handout ERS 9 – How Healthy Are My Relationships.

Ask the clients why the people in their lives, including spouses, partners, children, parents, friends, and co-workers are or are not helpful relationships.

Ask the clients why their relationships may be either helpful or unhelpful for their recovery.

2. Discuss how substances may have changed their relationships.

Many women begin using substances to improve or to cope with a relationship with a partner. Perhaps the partner uses and there are issues of using together or experiencing the consequences of the partner's use. Or perhaps the drug use seems to help the relationship and/or make it easier to be intimate. Often as the relationship progresses the substance becomes the third party and sometimes becomes more important than the other person. As substance use continues and becomes more important, the primary relationship itself may be sacrificed and, as was the case in supportive relationships, abandoned.

Ask the clients how they may have initially thought substances helped their relationships.

Ask them how the substances ultimately changed the relationships.

3. Discuss what the clients would like in a relationship and how to go about finding it.

Once they are in recovery, women can often recognize how their relationships have been damaged. By using the four questions at the end of Handout ER9 – How Healthy Are My Relationships, the counselor can lead the clients through an exploration of what they consider a healthy and an unhealthy relationship to look like, what they personally would like in a relationship and some possible ways of creating healthy relationships in their own lives.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask the clients to examine the most important relationships in their lives and to write down one specific thing they could do immediately to make their relationships better.

Session 10: Trauma, Abuse and Violence

FEELING OVERWHELMED – NOW OR IN THE PAST

Goals of Session

Help the clients identify any traumatic events in their past or in the present.

Help clients see how the traumatic events might manifest in their lives today.

Help clients identify whether they may have used a substance to cope with trauma and what the result was – or is.

Help clients identify new coping skills.

Note: *It is strongly recommended that you reschedule this topic if you have group members who are in their first week of treatment.*

Handouts

CAL 2 – Calendar/Marking Progress

ER 10 – Feeling Overwhelmed – Now or in the Past

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. Ask whether clients were able to think of one thing they could do with someone they are in a relationship with to make that relationship better as assigned last session.

Topics for Group Discussion (35 minutes)

1. Discuss the traumatic events which have occurred or are currently occurring.

Studies indicate that 55-99 percent of women in substance abuse treatment have experienced trauma sometime in their lives. Some of the women may clearly recognize what has happened and some may just have vague feelings about things that have happened. Many of the women will have compartmentalized the things that have happened to them and may not see a connection between what has happened in the past and what is happening now.

Go over the Trauma Chart in the beginning of ER 10 – Feeling Overwhelmed – Now or in the Past.

2. Discuss how trauma has manifested itself in the clients' lives

Many women who have experienced trauma in the past or are presently being traumatized do not see how it affects them. Often their feelings about themselves as well as their behavior toward themselves and others have been negatively affected.

Go over the list of feelings and behaviors to help the client identify what may have happened as a result of the trauma in their lives.

3. Discuss whether group members have ever used a substance in order to cope with trauma

By understanding how many women who have experienced trauma find themselves in substance abuse treatment one can begin to see some causality. The counselor can help clients identify how many of them have used a substance in order to cope with their trauma. Additionally, the counselor can help them explore whether this has proven to be an effective coping mechanism, both in the short term and the long term.

4. Discuss alternative coping mechanisms

If using substances has resulted in maladaptive coping mechanisms, then the counselor can discuss some alternative ways of coping with trauma. The list at the end of the handout provides some possible more adaptive coping mechanisms which the group can discuss.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask clients to engage in one positive coping mechanism in the next few days.

Session 11: Love and Serenity

CREATING SERENITY - LOVING AND VALUING YOURSELF

Goals of Session

- Help clients understand what it means to be their own best friend through forgiving themselves.
- Help clients develop a gratitude list as a coping tool when feeling discouraged.
- Listen to the story of someone who has made the transition to loving herself in sobriety.

Handouts

- CAL 2 – Calendar/Marking Progress
- ER 11 – Creating Serenity: Loving and Valuing Yourself
- SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. See whether they were able to engage in one positive coping behavior as assigned last session.

Topics for Group Discussion (35 minutes)

1. *Discuss self love and serenity.*

Many people are experiencing regret, self-blame or anger and self-loathing when they enter treatment. Learning to self-soothe and become one's best friend is an essential tool for stopping drug and alcohol use and preventing relapse.

Go over Handout ERS – 11. Give members time to answer the questions thoughtfully for themselves.

Ask clients to discuss their responses in forming the Gratitude List.

2. *Listen to a guest speaker briefly describe how she got from feeling awful about herself to loving herself.*

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask each client to find a way to express love to herself when feeling discouraged or angry.

Session 12: Women's Needs and Gifts

CHECKLIST FOR A SUCCESSFUL RECOVERY

Goals of Session

Help clients identify potential barriers to recovery.

Remind clients of the gifts they possess to help them through the process of recovery.

Help clients' commitment to specific, doable steps to reduce their barriers and increase their strengths.

Handouts

CAL 2 – Calendar/Marking Progress

ER 12 – Checklist for a Successful Recovery

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. See whether clients had an opportunity to love to themselves when they got discouraged or angry over the week and explore the ways they chose to do that.

Topics for Group Discussion (35 minutes)

The discussion in this session is designed to look at the barriers first and following that, explore their strengths so that women leave the group feeling more hopeful. Make sure that any steps they commit to taking are not so large that they set themselves up for failure and get discouraged. Group members may be encouraged to help each other problem-solve helpful steps to overcoming the barriers and give each other positive feedback to help them identify strengths.

For example, clients can discuss problems that they may currently be facing, such as lack of appropriate housing, unemployment or insufficient employment, transportation difficulties, insufficient child care, or physical or mental health concerns. Together, the group can brainstorm ideas and resources to address these concerns, including such strengths as support from family and friends, spiritual or personal strengths, or skills they have learned from their Matrix Recovery program.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask each client to decide on one area she would like to focus on improving (either resolving a barrier or improving a strength) and commit to one action toward the goal before the next meeting.

Session 13: Emotions

WHAT ELSE IS GOING ON?

Goals of Session

Help clients understand the difference between manageable and unmanageable emotions.

Help clients identify which emotions they believe may be due to prescribed medications and/or a co-occurring mental health diagnosis.

Help clients access their manageable emotions when the unmanageable ones are getting in the way of being able to function.

Handouts

CAL 2 – Calendar/Marking Progress

ER 13 – What Else is Going On?

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. Ask what action they decided to take over the last week to improve a personal strength or resolve a personal barrier.

Topics for Group Discussion (35 minutes)

1. Discuss challenges clients face with manageable and unmanageable emotions

Women are bombarded with many emotions early in recovery. Some of these emotions are manageable and make recovery easier while others are unmanageable and cause frustration. Part of the recovery process for the client is to be able to recognize which of the unmanageable or uncomfortable emotions are due to possible co-occurring disorders or medications that may have been prescribed for them.

Because recovery is about learning new ways to cope, being able to name which emotions are due to other variables in their lives will help give them more coping skills for dealing with their internal triggers.

After having clients fill in as much as they can on Handout ER 13, What Else is Going On?, proceed to guide the group in this way:

1. Ask clients to list the emotions they are comfortable handling in their lives.
2. Ask them to list the uncomfortable or unmanageable emotions.
3. Explore with client whether any of the emotions they listed might be due to medication they have been prescribed and are taking.
4. Talk about whether any of the emotions they listed might be due to other mental health diagnoses. Counselors can download information about mental health and women at <http://www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml>.
5. Inquire as to whether they have a physician that helps them with the medications and/or the mental health issues. If not, explore their willingness and ability to visit a physician.
6. Ask the co-leader to share how she handled similar emotions in early recovery.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. Scheduling also provides a good way to help clients stay busy and productive when the emotions become overwhelming and they just need to put one foot in front of the other. Scheduling tells you where to put your feet. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask each client to select one emotion to track and let the group know at the next meeting how that emotion was handled when it came up in real life.

Session 14: Women's Sexuality and Sex for Money and/or Methamphetamine

WHO I AM VS. WHAT I HAVE DONE

Goals of Session

Help clients identify risky behaviors.

Help clients understand the relationship between methamphetamine and increased sexual response.

Help clients explore their thoughts on their own sexual identity.

Help clients understand that shame is not healthy,

Handouts

CAL 2 – Calendar/Marking Progress

ER 14 – What I Am vs. What I Have Done

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session and what they might have learned about handling their emotions from the homework.

Topics for Group Discussion (35 minutes)

1. Risky behavior and HIV and other Sexually Transmitted Infections

The use of methamphetamine impairs judgment and reduces inhibitions. As a result, women may engage in sexual behaviors they otherwise might not. The drug use also makes it less likely that women will initiate safer sex practices, such as negotiating condom use, when engaging in these behaviors. This puts the woman at an increased risk of sexually transmitted infections such as HIV, gonorrhea, chlamydia, syphilis, and hepatitis B and C.

Go over the sexual risks portion at the beginning of ER- 14 “Who I Am vs. What I Have Done.” Women should be encouraged to address their health concerns, including testing for HIV and other STIs.

2. Methamphetamine use and increased sexual response

The effects of methamphetamine increase sex drive and can extend the length of sexual encounters. As a result, the experience of sex on methamphetamine may seem more heightened in nature. The continuous use of meth during sex often leads to an inseparable association between the two. The counselor should inform woman of the difference between impulsive (often drug-driven) sex and intimate sex.

Go over the handout and have clients share their responses regarding meth and sex. Help clients distinguish between healthy sex within a relationship and impulsive sex.

3. Sexual orientation

When using drugs women often engage in sexual behaviors that are inconsistent with their sexual orientation. Some heterosexual women may engage in sexual activities with other women. Some gay and lesbian women may engage in sexual activities with men. This contrast may result in confusion regarding one's own sexual identity. These feelings should be discussed and explored. While group members may vary on their views and definition of sexual identity, the counselor should discuss it in terms of a continuum, with many degrees.

Ask clients how their sexual behaviors may contrast with their sexual orientation or how they self-identify sexually.

4. Shame during drug use

Women may feel shame for past behaviors such as having exchanged sex for meth or money. Shame is an internalizing process; a person feels that she or he is not worthy as a person. This feeling of low self-worth is unhealthy and can be an obstacle in a woman's recovery. It is important for clients to understand that behavior while under the influence of drugs does not necessarily reflect who one is as a person. The counselor should distinguish between feeling guilty about one's actions and feeling ashamed of who one is.

Go over the last portion of the handout. Ensure that clients understand the meaning of shame and why it is unhealthy. Elicit positive self-image statements from the clients.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. Scheduling also provides a good way to help clients stay busy and productive when the emotions become overwhelming and they just need to put one foot in front of the other. Scheduling tells you where to put your feet. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask each client to select one instance for which they feel shame and write a letter to themselves forgiving themselves for the behavior during drug use.

Session 15: Children, Parenting and Child Safety

MY GIFT TO MY CHILDREN: BEING THE BEST PARENT I CAN BE

Goals of Session

- Help clients recognize child safety issues pertaining to meth manufacturing.
- Help clients understand the importance of time management skills.
- Help clients become aware of parenting classes available to them.

Handouts

- CAL 2 – Calendar/Marking Progress
- ER 15 - My Gifts to my Children: Being the Best Parent I Can Be
- SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. Ask whether they wrote the letter of forgiveness to themselves from the last session.

Topics for Group Discussion (35 minutes)

1. Caring for Children: Issues of Time and Competency

Caring for children can be difficult and sometimes overwhelming for a woman in the initial periods of recovery. Responsibilities that were often neglected due to drug use are now requiring attention. Mothers need to find time to spend with their children. This requires a physical and emotional investment. Concerns of parental competency (whether perceived or actual) may also become an issue. Women may now be asked to take on responsibilities that were once ignored or deferred during their drug use. This new role may cause increased stress and possibly even self-doubt.

Go over the list of activities at the beginning of the ER 15 handout and assist clients further identify other non-listed activities. The counselor should encourage clients to incorporate spending quality time with children within their daily scheduling. Explore clients' current relationship with their children and assist clients in identifying child-related goals.

2. Parenting Classes

Women may find it beneficial to access parenting classes. Attending these classes concurrent with outpatient drug treatment is ideal. Resources to aid parents are usually available through the Children and Family Services Division in your state or county. The counselor should ensure that these services are available and accessible prior to presenting this topic. The goal is to be able to link clients to services seamlessly.

Ask clients to discuss their concerns regarding parenting and/or their relationship with their children. Make available any ancillary services needed to address these issues.

3. Children in a Manufacturing Environment: High Risks Involved

Women who expose their children to the meth manufacturing environment place themselves and their children in danger. The production of methamphetamine requires the use of dangerous chemicals that emit hazardous fumes and can result in explosions. The counselor should discuss issues of child endangerment. Parents involved in exposing their children to a manufacturing environment could lose custody of their children through child protective services or the local authorities.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. Scheduling also provides a good way to help clients stay busy and productive when the emotions become overwhelming and they just need to put one foot in front of the other. Scheduling tells you where to put your feet. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask each client who is a parent to select one thing they could do to become a better parent and try to make that happen during the next week.

Ask each client (both those who are and are not parents) to select one thing that their parent or care taker did well for them while they were growing up and be prepared to share it next week.

Session 16: Body Image and Weight Loss

MY BODY AND ME

Goals of Session

- Help clients understand the relationship between substance use and their body image.
- Help clients identify emotions that may be connected to their body image.
- Help clients identify whether they have an eating disorder that needs to be addressed.
- Help clients recognize positive attributes of their bodies.
- Help clients identify behaviors that would contribute to a healthy body and a positive body image.

Handouts

- CAL 2 – Calendar/Marking Progress
- ER 16 – My Body and Me
- SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. Ask what parenting behavior clients who have children were going to improve during the week and how they did with the assignment.

Topics for Group Discussion (35 minutes)

1. Discuss challenges clients face with their body image and eating disorders.

Eating disorders result from using food to deal with emotions. There are several types of disorders: eating too much (sometimes in binge episodes), eating too little (*anorexia*), and bingeing followed by trying to eliminate the food you've eaten (*bulimia*). People can have one of these disorders or a combination. Some women use drugs as a means to losing weight, curbing appetite, increasing energy, being liked, and/or feeling in control. Others use as a way to not confront their feelings of self-consciousness, embarrassment, and/or anxiety over their appearance. The goal in this group is to help the women who have issues in this area recognize whether they have or may have an eating disorder. If they need help beyond what the group can offer, encourage them to seek it.

This may be the first time group members have ever discussed this issue with other people. When asked to discuss the positive attributes about themselves it is important to try not to convince them of something they don't believe to be true. Be careful to be sensitive to the women who may be thinking about this for the first time.

1. Go over the handout, "My Body and Me," ER16.
2. Ask clients whether they can connect their substance use and their body image.
3. Have clients discuss what is happening to them now that they do not have the substance to help them cope with their appearance or their feelings.
4. Discuss where each client stands with her eating behaviors and moving toward learning how to eat in a healthy way.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. Scheduling also provides a good way to help clients stay busy and productive when the emotions become overwhelming and they just need to put one foot in front of the other. Scheduling tells you where to put your feet. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Have each woman determine one thing that would help her improve her eating behaviors and commit to doing it for the next few days. Ask them also to bring in pictures for the next session of people who need them – either emotionally or physically or both. Bring pictures of people who depend on them.

Session 17: Caregiver Roles (Children, Grandchildren, Parents)

MEET THE PEOPLE WHO NEED ME

Goals of Session

Help clients identify the people who depend on them.

Help clients explore whether or not they were fully present and/or dependable while they were using.

Help clients identify whether they are experiencing guilt around these issues and whether those feelings are affecting their ability to move forward.

Handouts

CAL 2 – Calendar/Marking Progress

ER 17– Meet the People Who Need Me

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session. See if clients brought in pictures of people who depend on them and whether they were able to change one eating behavior over the course of the week.

Topics for Group Discussion (35 minutes)

1. Discuss the people in clients' lives who are important to them and who have depended on them.

Women often have children, spouses, parents, grandparents, friends, etc. who depend on them even when they are using drugs and alcohol. Women who are using will often find it very difficult to be responsive to the needs of others – even those they care about most. Very often it is not until recovery begins that the awful truth emerges regarding how some of these responsibilities have been neglected.

Ask the clients to show pictures of the people who depend (or depended) on them and talk about how they were able or unable to meet their needs while they were using.

Ask clients to also describe how things have changed now that their drug use has stopped.

Talk with clients about their feelings about both topics above.

2. Discuss how their drug use affected their ability to parent or be there for another person who depends on them.

This is an opportunity to discuss parenting on a broad scale and what behaviors make someone a good parent or a responsible person. Whether the group members are mothers or not, they will be able to contribute to a discussion of how a responsible person behaves and what the challenges are in providing a stable relationship with those who depend on you.

Ask group members to talk about a person they know or have known who is/was a good parent or a responsible person.

Discuss with the group the behaviors that go into being the kind of parent or person just described.

Encourage the group members to talk about how their behavior compares to the criteria above, before the drug and alcohol use and after. Allow expressions of guilt for those old behaviors and remind them that those behaviors were part of the addiction. Focus on how they can and have changed.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. Scheduling also provides a good way to help clients stay busy and productive when the emotions become overwhelming and they just need to put one foot in front of the other. Scheduling tells you where to put your feet. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask clients to identify one behavior they would like to change that involves people for whom they are responsible. Ask them to make a commitment to practice changing that behavior during the next few days.

Session 18: Pregnancy, Menstruation, and Meth Use FOR WOMEN ONLY – MENSTRUAL CYCLES, MENSTRUATION AND PREGNANCY

Goals of Session

Help clients identify and normalize their sexuality.

Help clients explore the way they learned about their bodies and sex and how they were taught to feel about these issues.

Help clients understand how their hormones may affect their ability to function well and to recovery successfully.

Explore the issues around pregnancy and members feelings about having used substances when they were pregnant in a supportive way.

Handouts

CAL 2 – Calendar/Marking Progress

ER 18 – For Women Only - Menstrual Cycles, Menstruation, and Pregnancy

SCH 2 – Daily/Hourly Schedule

Marking Progress (5 minutes)

Before introducing the session the counselor gives clients time to chart their progress on CAL 2 – Calendar and encourages clients to share positive events they have experienced since the last session and whether they were successful at changing a behavior relative to a person who needs them.

Topics for Group Discussion (35 minutes)

1. Discuss each woman's place on the menstruation to menopause cycle.

Make note of any possible health issues that might arise here. You may choose to address them with the group member outside the group setting.

2. Talk with group members about possible hormonal influences that may have made or are making their recovery more difficult.

Don't assume the menstrual cycle is to blame for the times a client is more vulnerable. If it seems like a possibility, encourage her to note it on her calendar each month so you can get a better picture of what is happening.

3. Discuss pregnancy with the women who have experienced it and those who know someone who has experienced it.

For women who used during pregnancy, this topic is potentially a shame-inducing topic, so be sure to remind people that using is part of the disease of addiction, and we all hurt ourselves and others when we use. This behavior is not unique to women who are pregnant.

Just because a woman has never been pregnant, she should not be excluded from the discussion. Even those who have not experienced it first-hand will likely have suggestions and information about the best way to take care of yourself when you carrying a child.

Make sure people sharing around this issue use “I statements” to avoid judgmental input.

Scheduling (5 minutes)

The counselor should remind clients that scheduling their time rigorously and sticking to the schedule are an important part of the recovery program. Scheduling also provides a good way to help clients stay busy and productive when the emotions become overwhelming and they just need to put one foot in front of the other. Scheduling tells you where to put your feet. People who abuse substances are not accountable to schedules; taking responsibility for sticking to a schedule helps clients stop using drugs and alcohol. Following through on decisions made during scheduling helps keep their rational brains in control of their behavior.

Ask clients how the schedule they made at the end of the previous session helped them remain drug free.

Ask clients what they learned about scheduling that may affect how they schedule in the future.

Have clients complete Handout SCH 2 – Daily/Hourly Schedule for the time between the present visit and the next visit to treatment.

Homework (5 minutes)

Ask clients to briefly share their experiences of doing the homework from the previous session. The counselor can decide how detailed the follow-up on homework should be. The goal of asking is to encourage clients to work on their recovery between sessions and to share that work with the group. It is not to discover which clients have not complied with the assignment.

Ask clients this week to educate one other woman about something she learned in today’s session.

Appendix
MATRIX WOMEN'S GROUP
Client Handouts

CLIENT MANUAL FOR MATRIX WOMEN'S GROUP

Welcome to the Matrix Women's Group. Congratulations on completing the Early Recovery (ER) Groups. Women who have completed the ER Groups in the Matrix Model of Intensive Outpatient Treatment are eligible to attend the women's groups while they are continuing in the Relapse Prevention (RP) Groups. We hope your experience in the women-only groups will enrich and enhance your treatment episode and increase your chance of remaining drug free and leading an exciting new life after this program.

The reason for this group is to help you deal with the issues that are important for women who are in recovery as well as to give you the advantage of having a safe place to talk to other women who have experienced many of the same issues you will be facing. All the material in the ER and RP groups is vital to a successful recovery. We have designed the material in these women-only groups as a supplement to the material in those other important groups. The Table of Contents outlines what the topics are that this group will address. However, the groups are yours. Feel free to talk about whatever you feel needs to be addressed in order to help you put together a successful recovery. That is what the groups are designed to do.

We hope you make it a priority to attend these groups regularly. The old adage of, "What you get out of anything depends entirely on what you put into it" is true. If you commit to attending regularly and contributing honestly to this group, you will benefit greatly. We wish you the best in your journey to recovery and we hope that the discussions in your women-only groups as guided by this supplement will be helpful and informative. The important part of the group is you and your fellow group members. May you provide the utmost support and respect for each other as you go through this journey to recovery.



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CALENDAR

MONTH:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

DAILY/HOURLY SCHEDULE

DATE:	
7:00 AM	How many hours will you sleep? _____
8:00 AM	From: _____ To: _____
9:00 AM	 NOTES: _____
10:00 AM	_____
11:00 AM	_____
12:00 PM	_____
1:00 PM	_____
2:00 PM	_____
3:00 PM	_____
4:00 PM	_____
5:00 PM	 REMINDERS: _____
6:00 PM	<input type="checkbox"/> _____
7:00 PM	<input type="checkbox"/> _____
8:00 PM	<input type="checkbox"/> _____
9:00 PM	<input type="checkbox"/> _____
10:00 PM	<input type="checkbox"/> _____
11:00 PM	<input type="checkbox"/> _____

HOW HEALTHY ARE MY RELATIONSHIPS?

Most humans find relationships a very important part of their lives. Women seem to find this even truer, often having large networks of family and friends to provide support, comfort and friendship. However when women become involved with substances, they often find themselves in less healthy, less supportive relationships. Sometimes the substance becomes the only important relationship one has.

Looking at your relationships, which have been good? Why?

Which relationships have been unhealthy? Why?

Have you ever used a substance to try to improve a relationship? Describe:

How did using a substance to improve the relationship work for you? Did it change the relationship over time? Please describe:

Have you ever used substances because you were afraid of what the other person in the relationship might do to you? Describe:

Did you feel that your drug use worked to keep you safe? Please describe:

Once you quit using you may begin to look at the relationships lost and the damage done during the illness. In recovery many women begin thinking about taking better care of themselves by looking for or trying to improve their relationships. Recovery is a time to both rebuild and discover relationships which enrich one's life.

What qualities do you look for in a healthy relationship?

What unhealthy qualities have you seen in relationships?

How would you describe the relationship you want?

If this isn't what you have now, how might you change this?

“Without friends, no one would want to live,
even if he had all other goods.” Aristotle

FEELING OVERWHELMED – NOW OR IN THE PAST

Many women who are in substance abuse treatment have experienced trauma in their lives. Trauma can present in many different ways. Any experience that is associated with physical/sexual harm, violence, or emotional harm may result in a memory of the trauma that is difficult to deal with. Sometimes this means having witnessed someone else experiencing abuse or violence, such as seeing a parent or sibling beaten, or seeing someone drown. And sometimes it means having experienced or inflicted the abuse or violence yourself. Often women are unable to cope with these events or the memories of them. They may try to forget the trauma which can then return in nightmares or unforgettable images. Lisa Najavits, in *A Women's Addiction Workbook*, 2002, offers a thorough explanation of these issues. After you do today's exercise you may want to continue this work by using Dr. Najavits's material or by using another of the resources at the end of this manual. You may also want to consider exploring this subject further in individual counseling sessions.

Below is a chart that can help you begin to identify whether trauma has been, or is, a part of your life.

1. Have you ever experienced or seen physical abuse:

As a child? _____

As an adult? _____

2. Have you ever experienced or seen sexual abuse:

As a child (been touched, molested or forced into sexual acts)? _____

As an adult? _____

3. Have you ever seen or experienced emotional abuse:

As a child? _____

As an adult? _____

4. Have you ever experienced or seen neglect:

As a child? _____

As an adult? _____

5. Have you ever experienced or seen a serious accident:

As a child? _____

As an adult? _____

6. Have you ever experienced or seen serious illness:

As a child? _____

As an adult? _____

7. Have you ever seen someone die:

As a child? _____

As an adult? _____

8. Have you ever experienced or seen domestic violence (a caregiver or partner who hurt you physically):

As a child? _____

As an adult? _____

9. Have you ever been involved in or seen criminal activity (other than drug selling or use):

As a child? _____

As an adult? _____

10. Have you ever experienced or seen any other traumatic events:

As a child? _____

As an adult? _____

Explain: _____

“You gain strength, courage and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, ‘I lived through this horror. I can take the next thing that comes along.’ You must do the thing you think you cannot do.”

Eleanor Roosevelt, activist *You Learn by Living*

Do you recognize ever feeling or doing any of the following because of the trauma?

- Depression or anxiety
- Nightmares
- Low self-esteem or feeling worthless or hopeless
- A pattern of becoming involved in abusive relationships
- Using drugs or alcohol to escape or cope
- Using food as comfort or as something to deny yourself
- Physically hurting yourself
- Feeling ashamed
- Feeling you deserve bad things to happen to you
- Others (please describe)

Many women turn to alcohol or drugs to escape their feelings or to make it easier to deal with these feelings. If you have used substances in the past to cope, how has it worked for you?

Now that you have stopped using substances it may feel like one of your primary coping strategies has been taken away. Discuss whether any of the following might work for you as healthier coping mechanisms?

1. Ask for help in getting out of a relationship that is not working for you.
2. Find a support group
3. Talk to a therapist
4. Ask supportive family and friends for help (How would you do this?)
5. Develop a safety plan
6. Learn to do things that are good for you:
 1. Writing a journal
 2. Exercising
 3. Calling or getting together with a friend
 4. Eating healthy foods
 5. Taking some time out to do something fun (massage, manicure, social event, listening to music, reading, etc.)
 6. Taking a class
 7. Engaging in a spiritual practice (church, meditation, 12-step meetings, etc.)
 8. Other

CREATING SERENITY – LOVING AND VALUING YOURSELF

When people first get drug or alcohol free, they often feel angry and unhappy. Some may be angry with others. Many are also angry at themselves or feel unworthy.

Learning to love and care for oneself is important. Forgiving oneself for things that were part of the addiction is essential. Forgiveness of yourself and of others may not happen immediately. This is a gift that comes by actively working on the recovery skills you are learning. Learning to take care of yourself lovingly when you feel depressed, when you're in "the Wall" or when strong emotions overwhelm you is learning to soothe yourself. The trick is to learn to take care of yourself in these situations instead of medicating them away with drugs and/or alcohol. By practicing these skills, you can learn how to become your own best friend.

Gratitude List Exercise

This is an exercise that can be helpful to do daily or to use when you're feeling discouraged.

1. Make a list of three things that you love about the world or universe. (If you can't think of anything else, it could be the stars, rivers, wildlife, ocean, buildings, parks, etc.)

1. _____

2. _____

3. _____

2. Now make a list of three people toward whom you feel gratitude. (Might be a teacher, a neighbor, a friend, etc.)

1. _____

2. _____

3. _____

3. Finally make a list of three things you love about yourself. (Maybe your hands, your heart beating, or your generosity)

1. _____

2. _____

3. _____

4. Discuss some times and situations when you might use this technique.

1. _____

2. _____

3. _____

“When you find peace within yourself, you become the kind of person who can live at peace with others.”

Peace Pilgrim, spiritual leader

CHECKLIST FOR A SUCCESSFUL RECOVERY

In order to be successful in your recovery, you need to maximize your gifts (strengths) and make sure you get your needs met. Doing both of these things will provide you with a strong defense against problems you may encounter along the way.

Needs:

___ **Housing:** Do you have a place to live that will provide a safe home for your recovery efforts?

___ **Employment:** Do you have a job and can the hours be adjusted to allow you to attend treatment?

___ **Transportation:** Do you know how to access reliable transportation for everyday living and treatment?

___ **Child/Elder Care:** Do you have ways to get help for baby and/or elder-sitting when you're working and coming to treatment?

___ **Physical Health:** Have you gotten a physical lately and will your health permit you to do what you need to do during the recovery process?

___ **Mental Health:** Are you aware of a mental health issue (depression, anxiety) that may require seeing a professional and can you make that happen?

(If you have needs in many of these areas, discuss with the group which you feel are most important right now.)

Which of the above may prove to be the most difficult for you in the next few months?

Discuss with the group some possible ways you might deal with the more difficult issues.

Make a commitment to strengthen your recovery by doing one thing suggested by the exercise above by the next meeting.

I will

Strengths

_____ **Family and Friends:** Who are the people in your life that you can depend on to help you, and are you allowing them to assist you now?

_____ **Personality gifts:** What are one or two personality traits (strengths) you have that you can use to help you through the next few months (e.g., patience, intelligence, or humor)?

_____ **Religion/Spirituality:** Do you have a religious or spiritual leader or path that is helpful to you in times of need?

____ **Talents:** What things are you particularly good at, and have you been using those gifts to your advantage lately?

____ **Matrix Recovery Skills:** Which of the Matrix skills that you have learned can you use regularly to help you get time drug and/or alcohol free?

Name the top three strengths that you are using or should use to help you get through the recovery process successfully?

1.

2.

3.

The more you invest in building the strengths above, the better your chances will be of achieving long term recovery. Determine which areas you can actually work to improve and focus your efforts on those.

“Never give up, for that is just the place
and time that the tide will turn.” Harriet Beecher Stowe, Writer

WHAT ELSE IS GOING ON?

It is not unusual for women in early recovery to experience varied emotions. Some of these emotions will feel familiar and manageable, while others may feel different or more intense.

At one time or another you probably believed that using alcohol or drugs was helping you cope with the uncomfortable or intense feelings in a manageable way. However, what once seemed like something you could control is now controlling you.

If you are on a particular medication or have an additional mental health diagnosis, some of the emotional symptoms you are experiencing could be due to these issues. At the beginning of treatment it is not expected that you know how to handle all the emotions that come your way. However, being able to identify some of the more unmanageable internal triggers in early recovery will help you maintain your sobriety.

Please list below some emotions that seem to you to be manageable and those that seem unmanageable (e.g., my anger is unmanageable and could result in a relapse; my depression is not pleasant but is manageable.)

MANAGEABLE EMOTIONS

UNMANAGEABLE EMOTIONS

Which of the above emotions, if any, do you believe may be related to the medication you are being prescribed?

Discuss any times in the past when you noticed a relationship between prescribed medications and your emotional state.

Do you think that any of the emotions above might be related to a mental health condition?

 If so, why?

Have you ever been diagnosed with a mental health disorder and how that diagnosis has affected you?

Are you presently under the care of a physician for any of the above disorders? _____

If yes, explain:

If so, how is your relationship with the physician and are you planning to see him or her again soon?

If not, would you be willing to seek help from a physician to assist you in dealing with these issues?

Would you like some suggestions regarding who might be able to help you?

“Each difficult moment has the potential to open my eyes
and open my heart.” Myla Kabat Zinn: Inspirational "Overcoming
Adversity"

WHO I AM VS. WHAT I HAVE DONE

Having sex and using methamphetamine increases the risk of acquiring HIV and other sexually transmitted infections. When you're high, your inhibitions are lower. You may engage in sexual behaviors that you normally would not have. You may also be less likely to practice safe sex behaviors such as using condoms. Furthermore, injecting meth and sharing needles significantly increases the risk of transmitting HIV and/or hepatitis C (HCV). Meth impairs judgment and the ability to think of both the short term and long-term health consequences of your actions. It's important to understand how risky behaviors can affect you. It's also important to know your current health and HIV/HCV status.

Have your sexual behaviors been riskier while using meth or other stimulants? How often were condoms used?

When did you last receive testing and counseling for HIV and other STIs? Do you know your current status?

Using methamphetamine increases one's sex drive and can extend the length of sexual encounters. As a result, the experience of having sex while using methamphetamine may seem more "exciting." After a period of time, some women may see the two behaviors (sex and drug use) as inseparable.

In your experience, what has been the relationship between your meth use and sex?

Are you currently in a healthy, intimate relationship? Do you feel you can have sex without using meth?

In the process of obtaining or using drugs, individuals may engage in sexual behaviors that conflict with their sexual identity. Women who identify as “heterosexual” may have sex with other women. The difference between your behaviors and how you self-identify may create confusion.

What sexual behaviors have you engaged in that may not be consistent with your sexual orientation?

Some women may feel ashamed of the sexual behaviors they have engaged in while using meth. Shame is a negative feeling about who you are as a person. Shame is not a healthy way to feel.

Do you feel ashamed of sexual behaviors you've done while high on meth?

Yes _____ No _____

Talk about the fact that the behaviors you have listed above do not make you a bad person.

Also talk about any changes you may have decided to make in your life as a result of the information you have learned during this session.

“Remove those 'I want you to like me' stickers from your forehead and, instead, place them where they truly will do the most good – on your mirror!” Susan Jeffers

MY GIFT TO MY CHILDREN: BEING THE BEST PARENT I CAN BE

Women who are mothers and are substance dependent often have strained relationships with their children. Children may feel abandonment or resentment towards the mother and the mother may feel guilty and ashamed for neglecting her children. Sometimes women lose custody of their children due to the disease of addiction. It's important to discuss and come to terms with these issues.

Caring for children may feel difficult and sometimes overwhelming for a woman in treatment. They may take on additional parenting responsibilities that may have been neglected or not fully met during the substance use. It is necessary for women to find time to spend with their children. Just as scheduling your day is important to substance dependent recovery, planning quality time with your children is equally important in repairing the parent-child relationship. If you no longer have the responsibility of caring for your children, think about how things were when you did and how you would like them to be in the future. If you have never had children, think about how you might interact with other children in your family or with adults in your life who are important to you.

Consider how often you do (or did) the following with your children (or another close family member, if you have no children):

Cook dinner for them

Watch a movie
together

Take your child to a
health appointment

Attend your children's
recreational activities
(e.g., soccer game)

Help with homework

Discuss household
rules

Attend school functions (e.g.,
teacher's night)

Have a "game night"

Ask your children (or close
family member) about their day

Talk to them about their
feelings

What are some other activities you would like to do (or to have done) with your children or another close family member?

What are some concerns you might have regarding your relationship with your children or another close family member:

How can you improve on these issues? What additional services do you feel would benefit you and help you be a better parent?

Describe one child-related (or close family member-related) goal you wish to accomplish this week.

Every parent has many ways to improve in being a good parent. What are three ways you would like to improve your parenting skills (or improve another relationship with a close family member) during the time you are in treatment?

Are there specific people or places you might need to go or people you might need to seek help from in order to achieve the improved parenting skills?

“A woman is the full circle.
Within her is the power to create, nurture and transform.”
Diane Mariechild

MY BODY AND ME

Rate yourself on the scale below in answer to this question.

How satisfied are you with your body?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

Not at all
Satisfied

Very
Satisfied

Explain why:

Many women use food to deal with their emotions. Others use food as a way of self-nurturing. Society gives us the message that to be thin is to be gorgeous. Do any of these statements pertain to you and your relationship with food? _____

If so, explain:

It is not unusual for women to succumb to the pressures of fitting in by using substances or developing eating disorders as a way to help lose or maintain their weight. Perhaps you used as a way to not deal with feeling ashamed, self-conscious or anxious about your appearance. Do you recognize any of these symptoms in yourself?

ANOREXIA

People with anorexia restrict their intake of food. Using methamphetamine to suppress your appetite makes it easier to do. See if any of the following apply to you:

Do you or others think you are underweight?

Do you fear getting fat?

Is your image of your body distorted (meaning: do people who look at you think you look one way and you think you look another)?

Do you know what a "normal" weight is for your body?

Are you able to stay near that weight?

Have you missed 3 menstrual periods in a row?

BULIMIA

People with bulimia binge on food and then force themselves to get rid of it. Do any of these warning signs apply to you:

Have you ever tried to "get rid" of the food you've eaten by vomiting, using laxatives, fasting, or exercising excessively?

Have you gone through the above for at least twice a week for 90 days?

Do you often eat more than you need and are unable to stop?

Some women binge without the purging and as a result, are overweight. All these issues are much more common in women than in men. In addition, a high percentage of women who have substance use disorders also have eating disorders.

It may be possible to use some of the skills you have learned in substance use treatment to improve your eating patterns. For instance, you might try using a calendar at home and marking each day that you do not binge or each day that you eat in a healthy way. What other skills that you have learned might work for you in regard to your eating?

If you think it's possible that you have an eating disorder that requires more treatment, you should talk with a professional about getting help. Have you ever sought help for these issues?

If yes, who did you talk to and when?

When drug and alcohol use stops, your eating disorders may increase. Learning how to cope with these issues and avoid using over them will help reinforce your continued recovery.

Was your substance use related to your appearance or how much you weighed? If so, how?

Now that you have stopped using are you struggling with your appearance or weight?

Explain:

List 3 things you like about your appearance:

What changes can you envision making in your food choices or how you prepare your food that might improve your health?

What kinds of things can you do to help you feel better about yourself and/or be healthier in general?

You may be disappointed if you fail,
but you are doomed if you don't try." Beverly Sills

MEET THE PEOPLE WHO NEED ME

Even while you were using, there may have been people who needed you and depended on you. It's very difficult, in the middle of the disease of addiction, to do what is necessary to take care of others too. People whose energies and attention are hijacked by the drug and/or alcohol use often cut corners or ignore things and people who are very important to them.

You have been asked to bring in pictures of people who depend on you. Take a moment to show the group your pictures and describe who they are and how they count on you. Do they need you to be there physically, emotionally and/or financially? If you were not able to bring a picture of the people that are part of your life, talk about them anyway.

Once you have introduced your people, share what you think they would say about you today if they could talk to the group?

How has your relationship with each of these people changed since you entered treatment?

Often women who have been using drugs and alcohol have either done things they feel bad about having done or have neglected things they wish they had not neglected. These feelings of guilt make the recovery process more difficult.

If you are experiencing some of these feelings, what will it take for you to begin to forgive yourself for your addictive behavior?

“The people we are in relationship with are always a mirror, reflecting our own beliefs, and simultaneously we are mirrors, reflecting their beliefs. So... relationship is one of the most powerful tools for growth.... If we look honestly at our relationships, we can see so much about how we have created them.”

Shakti Gawain

FOR WOMEN ONLY – MENSTRUAL CYCLES, MENSTRUATION, AND PREGNANCY

Menstrual Cycles and Menstruation

It is very important for your recovery that you are able to care about yourself – even to eventually love yourself. This means feeling good about yourself, your sexuality and your own body. Mark the scale below as it pertains to how you felt about yourself (your body and your sexuality) when you entered treatment.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
 Do not like myself at all Very satisfied with myself

How are you feeling about yourself now?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
 Do not like myself at all Very satisfied with myself

On the continuum below, from the start of menstruation through menopause, where are you?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10
 Beginning of Menstruation In menopause

What age did you begin the menstrual cycle?

At that time, what education did you get about menstruation and from whom?

What education did you get about sex and from whom?

What role has your sexuality played in your use of drugs and/or alcohol?

Have you noticed any changes in cravings or usage during specific hormonal changes (e.g., PMS)?

Some of the most difficult times for many women are:

1. When they first begin menstruation.
2. When they experience cramping or heavy bleeding during their periods.
3. When peri-menopause symptoms begin to occur (usually around age 40 when estrogen and the functioning of the ovaries begin to decline)

Have any of these times been difficult for you? If so, explain

Pregnancy

Have you ever been pregnant? Did you bear a child or children? Share with the group what the experience was like for you.

If you were using substances while you were pregnant, talk about your experiences and feelings about that?

If you had to struggle with addiction and pregnancy at the same time, who did you have to talk to about what was going on?

Which of the following issues do you feel are important if a woman wants to have a successful pregnancy?

_____Diet _____Vitamin Supplements _____ Regular OB/ GYN visits
_____Exercise

How can you use some of the skills you have learned to either do the above or not use tobacco, alcohol and/or substances while you are getting ready to be pregnant and/or are pregnant?

What kind of protection can you use to be in control of when you get pregnant?

Are you presently using protection regularly? If not, what problems are you having in this area?

**"I'm not afraid of storms, for I'm learning to sail my ship."
Louisa May Alcott**

References

Brecht, M.L., O'Brien A., von Mayrhauser C., et al. (2004). Methamphetamine use behaviors and gender differences. *Addictive Behaviors*, 29:89-106.

Freese T.E., Obert J., Dickow A., et al. (2000). Methamphetamine abuse: issues for special populations. *J Psychoactive Drugs*, 32:177-82.

For Further Reading

Ashenberg Straussner, S.L. and Brown, S. Eds. (2002). *The Handbook of Addiction Treatment for Women*. San Francisco, CA: Jossey-Bass, John Wiley & Sons, Inc.

Brown, V.B., Ramirez-Fogg, E., Broady, J., and Convery, J. (2000). *Changing and Improving Services for Women and Children: Strategies Used and Lessons Learned*. PROTOTYPES Systems Change Center.

Cohen, J.B., Dickow, A., et al. (2003). Abuse and Violence; History of men and women in treatment for methamphetamine dependence. *The American Journal of Addictions* 12:377-385.

Covington, S.S. (2003). *Beyond trauma: A healing journey for women*. Center City, MN: Hazelden.

Fisher, G. L. & Roget, N. A. (2009). *Encyclopedia of substance abuse prevention, treatment & recovery*. CA: Sage.

Galanter, M. & Kleber, H. D. (Eds.). (2008). *The American Psychiatric Publishing textbook of substance abuse treatment (4th ed.)*. Washington, DC: American Psychiatric Publishing.

McCrary, B. (2010). Evidence-based treatments for women with drug abuse and addiction. Presented at the 8th NIDA Blending Conference; Albuquerque, NM

Najavits, L.M. (2002). *A Woman's Addiction Workbook*. Oakland, CA: New Harbinger Publications, Inc.

Obert, J.L., Brown, A.H., Zweben, J., et al. (2005). When treatment meets research: clinical perspectives from the CSAT methamphetamine treatment project. *Journal of Substance Abuse Treatment*, 28(3): 231-237.

Rawson R.A., Marinelli-Casey P., Anglin M.D., Dickow A., Frazier Y., Gallagher C., et al. (2004). Methamphetamine Treatment Project. A multi-site comparison of psychosocial approaches for the treatment of methamphetamine dependence. *Addiction*, 99(6):708-17.

